

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

9539-000092

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    | 18.00  |
| X84=      |        |
| +280=     |        |
| TOTAL     | 768.00 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X42=       |                |
| +140=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X84=       |                |
| +280=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X42=       |                |
| +140=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X84=       |                |
| +280=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X42=       |                |
| +140=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X84=       |                |
| +280=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

|   |                   |              |
|---|-------------------|--------------|
| TOTAL CLAIMS  | 21                |              |
| FOR   | NUMBER FILED      | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 21 - minus 20 = * | 1            |
| INDEPENDENT CLAIMS  | 3 - minus 3 = *   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                   |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.